

STATE OF MARYLAND
COMPTROLLER OF THE TREASURY
OFFICE OF THE COMPTROLLER
P.O. BOX 466
ANNAPOLIS, MARYLAND 21404-0466

ADMINISTRATIVE OFFICE OF THE COURTS
MARYLAND JUDICIAL CENTER
580 TAYLOR AVENUE
ANNAPOLIS, MARYLAND 21401

CLAIM FOR REFUND OF TAX AND LICENSE FEES
ERRONEOUSLY PAID TO STATE OF MARYLAND THROUGH THE CLERKS OF COURT

SECTION 1

Date _____

To: _____
(State agency to which erroneous payment was made)

(Address)

In accordance with provisions of the Annotated Code of Maryland, application is hereby made by:

Name: _____

Address: _____

for refund of payment in the amount of _____ Dollars (\$ _____)
erroneously paid to your office.

(Give below date of payment and nature of tax for which refund is requested, reason for requesting refund and other information pertinent to claim. Receipt issued by State Official on tax claimed to be erroneously paid should be attached hereto.)

(Signature of Claimant)

SECTION 2

APPROVAL OF CLAIM

_____, Maryland
(City or County)

Date _____

The facts set forth in the above claim have been verified by me and I hereby certify that the claimant is entitled to refund in the amount of _____ Dollars (\$ _____)

(Clerk of the Circuit Court)

(Signature of Clerk)

INSTRUCTIONS

This form to be used when taxpayer requests a refund of special taxes erroneously paid to the State of Maryland.

A - Section 1 - Will be filled out by the taxpayer in duplicate and submitted to the State Agency to which erroneous payment was made.

B - Section 2 - Will be filled out by the State Agency and sent to the Comptroller for authorization, prior to refund, after all facts set forth in the claim have been verified and certified to by an authorized official of that agency.